



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MAJOR HOSPITAL

City of Hospital: SHELBYVILLE

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Rob Kinder

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Medicare Provider Number: 150097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$90334968
Outpatient Patient Service Revenue	\$326548045
Total Gross Patient Service Revenue	\$416883013

2. Deductions From Revenue

Contractual Allowance	\$279621197
Other Deductions	\$1952022
Total Deductions	\$281573219

3. Total Operating Revenue

Net Patient Service Revenue	\$135309795
Other Operating Revenue	\$39778181
Total Operating Revenue	\$175087976

4. Operating Expenses

Salaries and Wages	\$55061854	Employee Benefits	\$13742517
Depreciation and Amortization	\$12711884	Interest Expense	\$4637795
Bad Debt	\$6954076	Other Expenses	\$59784736
Total Operating Expenses	\$152892862		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22195114	Total Assets	\$470670515
Net Non-operating Gains over Loss	\$14819073	Total Liabilities	\$157797711

Total Net Gains	\$37014187
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$189260911	\$145643795	\$43617116
Medicaid	\$80656104	\$61588818	\$19067286
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$146965998	\$78572764	\$68393234
Total	\$416883013	\$285805377	\$131077636

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$500000	\$0	\$500000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$12743	\$-12743
Hospital Patients	\$0	\$0	\$0
Community Education	\$26760	\$172331	\$-145571

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$5000
Number of Citizens Exposed to Health Education Messages	\$50000

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,541,578		
Subtotal	\$2541578	\$0	\$2541578
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2541578	\$0	\$2541578

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$163722	\$-163722
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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